

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155233		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/29/2011	
NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 958 E HWY 46 BATESVILLE, IN47006			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaints IN00091716 and IN00092728.</p> <p>Complaint IN00091716 - Substantiated. Federal/state deficiencies related to the allegation are cited at F323.</p> <p>Complaint IN00092728 - Unsubstantiated due to lack of evidence.</p> <p>Survey Dates: June 27, 28, and 29, 2011</p> <p>Facility number: 000138 Provider number: 155233 AIM number: 100266500</p> <p>Survey team: Janie Faulkner, RN-TC</p> <p>Census bed type: SNF/NF 80 Total 80</p> <p>Census Payor type: Medicare 5 Medicaid 54 Other 21 Total 80</p> <p>Sample: 6</p> <p>This deficiency reflects state findings</p>			F0000	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. We respectfully request an IDR paper review of this F tag. We would like to request a decrease in scope/severity, and/or a partial/complete deletion of the F tag.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=G	<p>cited in accordance with 410 IAC 16.2.</p> <p>Quality review 7/07/11 by Suzanne Williams, RN The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure a resident remained free of injury from hot coffee, resulting in a second degree burn. This affected 1 of 3 residents reviewed for hot beverage precautions in a sample of 6. (Resident A)</p> <p>Findings include:</p> <p>On 6/27/2011 at 1:00 p.m., review of Resident A's clinical record indicated she was admitted with diagnoses including, but not limited to, coronary artery disease, hypertension, Type II diabetes, renal insufficiency, pain/neuropathy, osteoarthritis, and dementia with mood disorder. Review of the MDS [Minimum Data Set] dated 3/11/11, indicated the resident was moderately impaired in cognitive status with a BIMS (brief interview for mental status) score of 6.</p> <p>A nurse's note dated 6/5/11 at 6:25 p.m. indicated, "This nurse was in MDR [main dining room] and resident was noted to be saying 'ow' 'ow.' I asked resident what is</p>		F0323	<p>F323 Free of Accident Hazards/Supervision/Devices It is the intent of this facility for all resident to remain free of injury from hot coffee. 1. Action Taken: A. In regards to Resident A: The resident uses a Kennedy drinking cup, which if knocked over or dropped, will not spill coffee. 2. Residents Identified: A 100% Risk Assessment was completed for all residents to identify anyone who would be at risk for spilling coffee/hot liquids. Any identified would be supplied with a Kennedy cup. There were no concerns identified during this audit. 3. Measures Taken: A. All staff in-serviced in regards to resident safety with hot liquids. B. Tray cards for meals will have specialty cups identified on them for any resident requiring one. 4. How Monitored: A. The QA Team/IDT will monitor daily during QA rounds for compliance with use of specialty cups, including Kennedy cups. B. DON/Designee will audit all accident/incident reports to monitor for completion of investigation of event, compliance with appropriate interventions,</p>		06/30/2011	

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	<p>wrong? She stated, 'I burned myself with coffee this morning.' I looked at resident's shirt she was noted to have a coffee stain on her shirt which was dried. I looked @ resident's skin and noted it was reddened. This nurse took resident out of MDR and checked skin. It was noted to have a small open blister that was on skin and area around blister was noted to be reddened and blanchable." This same nurse's note indicated the nurse called the POA (resident's Power of Attorney), the on-call doctor and received a new order for "Polysporin ointment to be applied topically to area on chest BID [two times daily] then apply telfa and cover until healed." The nurse indicated she notified the DON of the incident and sent a dietary slip to the dietary department for "Kennedy cup [a light weight spill proof drinking cup. Once the lid is screwed on the liquid will not spill out even if the cup is turned completely upside down] with all hot beverages."</p> <p>The resident's care plan indicated she has a history of spilling coffee on herself, with a problem onset date of 4/02/2008, with approaches: * enc [encourage] resident to ask for assistance in carrying hot coffee to where she is sitting 7/14/08 *coffee cup with lid for all hot liquids, on 3/31/11 "Be sure cup has lid for all hot liquids esp [especially] c [with] transport", 6/5/11</p>				<p>and safety of residents. C. ADM/Designee will review all audits weekly in QA meeting for 12 weeks; and review with Medical Director at quarterly QA meeting for 2 quarters. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is June 30, 2011.</p>		

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	<p>"Put all hot liquids in Kennedy cup."</p> <p>On 6/27/2011 at 4:05 p.m., in an interview with Employee #1/CNA she indicated the resident wouldn't be able to tell much until she gets her blood sugar back up. "She's okay when her blood sugars are within her normal range."</p> <p>During an interview with Resident A on 6/28/2011 at 8:15 a.m., she indicated that she spilled about a half cup of hot coffee down the front of her shirt when she was burned. "The coffee was very hot; it's usually not that hot." "I told staff that I spilled my coffee on me and it was very hot." "I told them at breakfast, but they didn't do anything." She indicated that coffee was all down the front of her shirt, "but nobody noticed it until at supper and I told the nurse and she put medicine on it." "No, there was no lid on my cup of coffee that day." "Now, my burn is all better, doesn't hurt any more."</p> <p>On 6/28/2011 at 1:50 p.m., in interview with the ADON [Assistant Director of Nursing], she indicated the department heads serve residents at breakfast and they serve coffee, so they would be responsible for putting lids on cups for residents with "hot beverage precautions," "but I couldn't tell you if I put a lid on her coffee cup or not."</p>						

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	During telephone interview with Resident A's daughter/POA on 6/29/11 at 2:12 p.m., she indicated the resident only has coffee at breakfast and, "I can only come for lunch or supper, so I don't know if she had a lid on her coffee cup or not...Mom is reliable if blood sugar is stable." 3.1-45(a)(2)						